ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	15-10	70591	3/1	
O.I.P.E. CLASSIFIER	- 6	25,	3/3/99	
FORMALITY REVIEW	1/8	71980	9-8-99	

INDEX OF CLAIMS

4	Rejected	N	Non-elected
=	Allowed	l l	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷							
Claim & Date	Claim	Date	Claim	Dato			
Ciaim Date Part Pa	Final		Final				
	51	 	101				
	52		102				
3	53		103				
4	54 55	+++++	104				
6	56	 	106				
 	57		107	- 			
	58	 	108	- 			
9	59		109				
10	60		110				
	61		111				
(13)	62		112	╶┤┈┤╶┤╶╏╶╏┈╏╸╏ ╴			
	64	 	113	╶╎╎╎╏╏			
15	65	┤┼┤┤	115	┤┤╎┤┩┩ ┼┤			
16	66	 	116	 			
(1)	67		117				
18	68		118				
19	69		119				
20 1	70		120				
21	71		121				
22 23	72 73	++++	122	╶┝ ╶┼╌┼╌┼╌┼╌┼╌┼			
24	74	 	124				
25	75	 	125				
26	76		126				
27	77		127				
28	78		128				
29	79		129				
30 31	80	+++++	131	┈┋┋			
32	82	 	132	┤┤┤┤┤┤			
33	83	 	133				
34	84		134				
35	85		135				
36	86		136				
37	87		137				
38 39	88	+++++	138				
40	90	┤┤╸ ┼╾┼╾┼╾┼╾┤	140	╶╏╏╏			
41	91	 	141	╶╏╏╏			
42	92	 	142	┤┤┤┤┤┤┤┤ ╵			
43	93	 	143				
44	94		144				
45	95		145				
46	96		146				
47	97	4444	147	 			
48	98	 	148	│ 			
50	100	 	149	▎▐▗▋▗▋▗▋ ▗▋			
			1				

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)